

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER Water Injection well

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FNL & 660' FHL, Section 4, T-20S, R-36E, Lea County, New Mexico

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3638' D.F.

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME _____

9. WELL NO. _____

10. FIELD AND POOL, OR WILDCAT
Sunset Pool

11. SEC. T., R., M., OR BLK. AND SURVEY OF AREA
Section 4, T-20S, R-36E

12. COUNTY OR PARISH _____ 13. STATE
Lea N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Convert to water injection</u> <input checked="" type="checkbox"/>	
(Other) _____			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The subject well was converted to water injection as outlined below:

1. Ran sand pump on sand line to 4004'.
 2. Drilled out pieces of BP and washed frac sand and pushed to 4035'
 3. Ran 118 joints (3704') 2 3/8" OD cement-lined tubing w/packer set at 4035'.
- Placed on injection.

On test 6-16-67, injected 484 barrels of water in 24 hrs. at 1000 psi.

Workover started 5-14-67. Completed 5-20-67.

18. I hereby certify that the foregoing is true and correct

SIGNED _____

TITLE Supervising Engineer

DATE _____

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 23 1967